

A PUBLICATION OF THE NEW JERSEY DIVISION OF PENSIONS AND BENEFITS

SHBP COVERAGE FOR PART-TIME EMPLOYEES

State Health Benefits Program

INTRODUCTION

Chapter 172, P.L. 2003 provides certain part-time employees of the State of New Jersey and part-time faculty members at a New Jersey State college, State university, or certain County or community colleges eligibility for enrollment for coverage in the State Health Benefits Program (SHBP), provided that the part-time employee is a member of a State-administered retirement system. The employee can only enroll in **NJ PLUS** and the **Employee Prescription Drug Plan**. These plans are described at the end of this fact sheet. If an eligible employee or faculty member elects to enroll and purchase coverage, the employee or faculty member must pay the full cost of the coverage.

The plan benefits, as well as the rules and procedures of the plans, are the same for part-time enrollees as they are for all other enrollees, **except for those areas listed below**. If a specific topic is not outlined in this publication, please refer to the information provided in the *NJ PLUS Member Handbook* or the *Employee Prescription Drug Plan Member Handbook*.

ELIGIBILITY AND ENROLLMENT

Part-time Active Employee Eligibility

Eligibility for coverage is determined by the SHBP. Enrollments, terminations, changes to contracts, etc. must be processed through your employer first, then the SHBP. If you have any questions concerning eligibility provisions, you should see your employer or call the Division of Pensions and Benefits' Office of Client Services at (609) 292-7524.

To be eligible for coverage under the provisions of Chapter 172, an employee **must** be:

- A member of a State-administered retirement system (Public Employees' Retirement System or the Teachers' Pension and Annuity Fund); and:

- A part-time employee of the State of New Jersey, a State college or university, the Palisades Interstate Park Commission, the New Jersey Building Authority, the State Library, or the New Jersey Commerce and Economic Growth Commission; or
- A part-time faculty member — including part-time lecturer or adjunct faculty member — employed by a State College, State University, or a County or Community College **that participates in the State Health Benefits Program**.

Eligible Dependents

Your eligible dependents are:

- Your spouse or same-sex domestic partner*.
- Your unmarried children (including step-children, legally adopted children, foster children, legal wards) under the age of 23 who are substantially dependent upon you for support and maintenance and who:
 - Live with you in a parent-child relationship; or
 - Reside at school but who have a permanent domicile with you and whom you support; or
 - Do not live with you, but whom you are legally required to support. Proof of the legal requirement of support is necessary.

*A Domestic Partner is defined for State Health Benefits Program eligibility under Chapter 246, P.L. 2003 as a person of the same sex with whom you have entered into a domestic partnership and received a *Certificate of Domestic Partnership* from the State of New Jersey (or a valid certification from another jurisdiction that recognizes same-sex domestic partners, civil unions, or similar same-sex relationships). A photocopy of the *Certificate of Domestic Partnership* is required by the State Health Benefits Program along with your *Intermittent Employee State Health Benefits Program Application*.

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Enrollment

You cannot be covered by the health benefits provided under Chapter 172, P.L. 2003, until you enroll in **both** a New Jersey State-administered retirement system and the SHBP. When you become eligible for enrollment in a retirement system, your employer will provide you with the *Part-Time Employees State Health Benefits Program Application*. You must complete the application, providing all of the information requested, and submit it to your employer.

Part-time employees may select **both** NJ PLUS and the Employee Prescription Drug Plan coverage, **or** they may select NJ PLUS coverage **only** (part-time employees cannot enroll in only the Employee Prescription Drug Plan).

Once you are enrolled in the SHBP, **you will be billed monthly** for the cost of your selected coverage. Rate charts showing the cost of coverage are available from your employer or on the SHBP's Internet home page at: www.state.nj.us/treasury/pensions/shbp.htm

If you do not enroll all eligible members of your family within 60 days of the time you or they first become eligible for coverage, you must wait until the next Open Enrollment period (for exceptions see the "Change of Coverage" section of the *NJ PLUS Member Handbook*). Open Enrollment periods generally occur once a year. Information concerning the duration of the Open Enrollment period and effective dates of coverage are announced by the Division of Pensions and Benefits.

Effective Dates of Coverage

There is a **waiting period of two months following your eligibility date** before your SHBP health benefits coverage begins, provided you submit a completed *Part-Time Employees State Health Benefits Program Application*. For example, if you become eligible for enrollment in the retirement system on October 1 and apply for coverage under Chapter 172, your SHBP coverage will be effective December 1.

For some part-time employees, retirement system enrollment may be concurrent with their date of hire; other part-time employees may not be eligible for retirement system enrollment until their 13th month of continuous employment (see your human

resources representative to determine your enrollment eligibility date).

Note: If you were enrolled in the SHBP as a part-time employee with your previous employer and your coverage is still in effect on the day you begin work with your current employer (COBRA coverage excluded), your coverage begins immediately so you have no break in coverage.

Your eligible dependent's coverage is effective the same date as yours.

Changes in Coverage

Coverage changes involving the addition of dependents are effective retroactive to the date of the event (marriage, domestic partnership, birth, adoption, etc.) providing the application is filed within 60 days of the event. Deletion of dependents is effective on a timely or prospective basis, depending upon receipt of the application by the Health Benefits Bureau. Dependent children are automatically terminated as of the end of the year they attain age 23.

Leave-of-Absence

If you take an approved leave-of absence, your SHBP coverage will remain in effect provided that you continue to pay your billed monthly premiums.

Workers' Compensation

If you have a Workers' Compensation award pending or have received an award of periodic benefits under Workers' Compensation or the Second Injury Fund, you and your dependents are entitled to have continued coverage at the same level as when you were an active employee. You must continue to pay your billed monthly premiums.

RETIREE NJ PLUS COVERAGE**Retiree Eligibility**

Upon retirement, part-time State employees and part-time faculty members who are enrolled in the SHBP under the provisions of Chapter 172, are permitted to enroll in retired group **NJ PLUS** coverage provided that they continue to pay the full cost of their retiree coverage. Prescription drug coverage for retirees is provided through NJ PLUS — **retirees are not eligible for the Employee Prescription Drug Plan.**

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Retirees should also see the SHBP's provisions regarding the requirement to be enrolled in Medicare Part A and Part B coverage, as outlined in the *NJ PLUS Member Handbook*.

Note: Health benefits coverage under the provisions of Chapter 172 does not qualify an employee for State-paid or employer-paid post-retirement health care benefits under the SHBP.

COBRA COVERAGE

Upon termination of SHBP coverage provided under Chapter 172, continued coverage in NJ PLUS and the Employee Prescription Drug Plan is available under federal COBRA legislation. See the *NJ PLUS Member Handbook* and the *Employee Prescription Drug Plan Member Handbook* for more information on COBRA coverage.

PURCHASE OF INDIVIDUAL INSURANCE COVERAGE

Part-time State employees and part-time faculty members who are eligible to enroll in the SHBP under provisions of Chapter 172, **are not eligible** for other health coverage plans available under the provisions of the New Jersey Individual Health Coverage Program (IHCP). If you are covered under the IHCP and eligible for coverage under Chapter 172, you must contact the carrier regarding cancellation of your IHCP benefits. You may re-enroll in the IHCP during the IHCP's October open enrollment period (for a January effective date). If your SHBP benefits terminate, you are immediately eligible for coverage in the individual market. To avoid the possibility of the application of a preexisting condition waiting period, you must obtain individual coverage within 31 days of the loss of your SHBP coverage.

Additional information about the IHCP can be obtained from the New Jersey Individual Health Coverage Board at the Department of Banking and Insurance by calling 1-800-838-0935 or at: www.njdobi.org

PLAN DESCRIPTIONS

NJ PLUS

NJ PLUS is a point-of-service plan that is a blend of a traditional indemnity plan and an HMO. It provides

managed care to its members through its own network of providers. It also offers out-of-network benefits that provides reimbursement to providers and members for expenses for services rendered for the treatment of illness and injury.

NJ PLUS is currently administered for the SHBP by Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ) which means that Horizon BCB-SNJ is the claims payer for all covered members.

NJ PLUS offers:

- A network of providers, which includes primary care physicians (PCP) internists, general practitioners, pediatricians, specialists, and hospitals.
- A full range of services when you use network providers to include well-care and preventive services such as annual physicals, well-baby/well-child care, immunizations, mammograms, annual gynecological examinations, and prostate examinations.
- In-network services, which are generally covered in full after a small copayment. The copayment amount varies depending on the contract agreement between the labor union that represents you as an employee (see below).
- No filing of claim forms when you use in-network services.
- In-network hospital admissions covered in full.
- An out-of-network option whereby you may use providers who are not in the network and receive a 70 percent reimbursement of the reasonable and customary allowance for most care after a deductible is met.

NJ PLUS Copayments — All non-aligned employees of the State of New Jersey and State colleges and universities; and State employees and employees of State colleges and universities covered by a collective bargaining agreement that provide for higher copayment amounts pay a **\$10.00** copayment for visits to a PCP and visits to a specialist with PCP referral.

Part-time faculty at County or community colleges, State employees not covered under the labor agreements listed above, and all retirees pay a **\$5.00**

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copayment for visits to a PCP and visits to a specialist with PCP referral.

For more information about NJ PLUS, see the *NJ PLUS Member Handbook* which is available from your employer, by contacting the Division of Pensions and Benefits, or online at: www.state.nj.us/treasury/pensions/shbp.htm

Employee Prescription Drug Plan

The Employee Prescription Drug Plan is a separate drug plan for active employees. The plan is currently administered by Horizon BCBSNJ through Caremark.

For each 30-day supply of prescription medication obtained at a retail pharmacy, participants pay a copayment based on whether the prescription is for generic drugs or for brand name drugs (see chart on page 8). You may purchase up to a 90-day supply of medication at a pharmacy when prescribed by your provider, by paying the applicable copayments (31- to 60-day supply — two copayments, 61- to 90-day supply — three copayments).

A mail order program is also available. When mail order is used, you may obtain up to a 90-day supply of medication for a single copayment (see chart on page 8).

For more information about the Employee Prescription Drug Plan, see the *Employee Prescription Drug Plan Member Handbook* which is available from your employer, by contacting the Division of Pensions and Benefits, or online at: www.state.nj.us/treasury/pensions.shbp.htm

Retiree Prescription Drug Plan

Retirees are not eligible for the Employee Prescription Drug Plan. Prescription drug benefits for retirees covered under Chapter 172 are **provided through NJ PLUS**.

Retirees enrolled in NJ PLUS have a prescription

drug card program with a three-tier copayment design.

The following copayment amounts are applied to prescriptions purchased through the NJ PLUS Retiree Prescription Drug Plan.

RETIREE PRESCRIPTION DRUG PLAN COPAYMENT AMOUNTS

Retail Pharmacy — up to a 90-day supply copayment amounts (for 2006)			
Supply	Generic	Preferred Brand	All Other Brand
01-30 days	\$8	\$16	\$33
31-60 days	\$16	\$32	\$66
61-90 days	\$24	\$48	\$99

Mail Order — up to a 90-day supply copayment amounts (for 2006)			
Supply	Generic	Preferred Brand	All Other Brand
01-90 days	\$8	\$21	\$36

There is a \$1,000 annual maximum in prescription drug copayments per person. Once a person has paid \$1,000 in copayments in a calendar year, that person is no longer required to pay any prescription drug copayments for the remainder of that calendar year. Prescription drug copayments are not eligible for reimbursement and do not apply to NJ PLUS out-of-network deductible or coinsurance amounts.

The Retiree Prescription Drug Plan is administered by Caremark. In the event a pharmacy does not participate with Caremark, you should pay for the prescription and file a claim with: Caremark, P.O. Box 853901, Richardson, TX 75085-3901.

This fact sheet has been produced and distributed by:

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This fact sheet is a summary and not intended to provide total information.
Although every attempt at accuracy is made, it cannot be guaranteed.

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SUMMARY OF CHAPTER 172 BENEFITS

The following charts provide a quick summary of the benefits available from NJ PLUS and the Employee Prescription Drug Plan under Chapter 172.

NJ PLUS COVERAGE AVAILABLE UNDER CHAPTER 172 (for plan year 2006)		
PLAN NAME & TELEPHONE NUMBER	NJ PLUS In-network (800) 414-7427	NJ PLUS Out-of-network¹ (800) 414-7427
SERVICE AREA	All of NJ and FL; Parts of NY and PA	Unrestricted
HOSPITAL INPATIENT	100%	70% after \$200 per hospital stay deductible
SKILLED NURSING FACILITY	100% up to 120 days per calendar year	70% for up to 60 days per calendar year
HOSPITAL PRE-ADMISSION TESTING	100%	70% after deductible
PHYSICIAN (SURGERY)	100%	70% after deductible
PHYSICIAN (OFFICE VISITS)	100% after applicable copayment ³ per visit	70% after deductible; no coverage for wellness care
CHIROPRACTIC	100% after applicable copayment ³ per visit; 30 visits per calendar year; no PCP referral required	70% after deductible for up to 30 visits per calendar year combined in-network and out-of-network
EMERGENCY ROOM ACCIDENT/ NON-ACCIDENT	100% after \$25 ² copayment if reported to PCP and/or NJ PLUS within 48 business hours	100% after \$25 ² copayment if reported to PCP and/or NJ PLUS within 48 business hours; if not reported within 48 hours, subject to deductible and coinsurance
RADIATION/ CHEMOTHERAPY OUTPATIENT	100%	70% after deductible
HOSPICE	100%	70% after deductible
IMMUNIZATIONS	100% after applicable copayment ³ per visit (except for travel and/or job related)	70% for children under 12 months after deductible
PHYSICAL EXAMS	100% after applicable copayment ³ per visit	Not covered

¹Benefits, excluding hospital expenses, are based on the Horizon's PAC allowance or the "reasonable and customary" fee schedule at the 90% percentile.

²NJ PLUS requires notice to the PCP within 48 hours of the incident. Copayment waived if admitted.

³For more information about copayment amounts, see page 3 or refer to the *NJ PLUS Member Handbook* or applicable *Comparison Chart*.

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PLAN NAME & TELEPHONE NUMBER	NJ PLUS In-network (800) 414-7427	NJ PLUS Out-of-network ¹ (800) 414-7427
MATERNITY	An applicable copayment ³ for first prenatal visit, then 100% covered	70% after deductible
WELL BABY	100% after applicable copayment ³ per visit	Not covered
ALCOHOL ABUSE (INPATIENT)	Same as any other illness	Same as any other illness
DRUG ABUSE (INPATIENT)	Same as any other illness	Same as any other illness
ALCOHOL ABUSE (OUTPATIENT)	100%, no visit limit	70% after deductible
DRUG ABUSE (OUTPATIENT)	100%, no visit limit	70% after deductible
MENTAL HEALTH (INPATIENT) ⁴	100% for up to 25 days per calendar year; balance at 90% up to annual and/or lifetime maximums	50 days per calendar year at 50% after deductible up to annual and/or lifetime maximums
MENTAL HEALTH (OUTPATIENT) ⁴	90% up to annual and/or lifetime maximums	70% after deductible up to annual and/or lifetime maximums
PHYSICAL/SPEECH THERAPY ⁵	100% after applicable copayment ³ per visit	70% after deductible
HOME HEALTH CARE	Services and supplies covered with pre-approval; prior inpatient hospital stay not required; nursing home care or custodial care not covered	Services and supplies covered with pre-approval; prior inpatient hospital stay not required; nursing home care or custodial care not covered; subject to out-of-network coinsurance and deductible
PRIVATE DUTY NURSING	Must be ordered by a doctor, provided by an RN or LPN; excludes care that can be provided by hospital staff or home health care aides; excludes assistance with daily activities	Must be ordered by a doctor, provided by an RN or LPN; excludes care that can be provided by hospital staff or home health care aides; excludes assistance with daily activities
INFERTILITY SERVICES	Must be pre-authorized; diagnosis covered; treatment covered with limitations	Call plan for pre-authorization; diagnosis covered; treatment covered with limitations; subject to out-of-network coinsurance and deductible

¹Benefits, excluding hospital expenses, are based on the Horizon's PAC allowance or the "reasonable and customary" fee schedule at the 90% percentile.

³For more information about copayment amounts, see page 3 or refer to the *NJ PLUS Member Handbook* or applicable *Comparison Chart*.

⁴Biologically-based mental health conditions are treated like any other illness and not subject to annual or lifetime mental health dollar maximums or separate mental health visit limits.

⁵Speech therapy limited to restoration after a loss or impairment of a demonstrated previous ability to speak. To develop or improve speech after surgical correction of a birth defect.

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PLAN NAME & TELEPHONE NUMBER	NJ PLUS In-network (800) 414-7427	NJ PLUS Out-of-network¹ (800) 414-7427
X-RAYS/LAB TESTS	100%	70% after deductible
DENTAL COVERAGE WITHIN YOUR MEDICAL PLAN	None	None
VISION	100% after applicable copayment ³ ; one exam per calendar year; no referral needed	None

NJ PLUS DEDUCTIBLES AND OUT-OF-POCKET MAXIMUMS		
PLAN NAME & TELEPHONE NUMBER	NJ PLUS In-network (800) 414-7427	NJ PLUS Out-of-network¹ (800) 414-7427
DEDUCTIBLES (INDIVIDUAL)	None	\$100 per year (most expenses); \$200 per hospital admission
DEDUCTIBLES (FAMILY MAXIMUM)	None	\$250 per year (most expenses); \$200 per hospital admission
MAXIMUM OUT-OF-POCKET (INDIVIDUAL)	\$400 per calendar year (coinsurance only)	\$2,000 per year (coinsurance only)
MAXIMUM OUT-OF-POCKET (FAMILY)	\$1,000 per calendar year (coinsurance only)	\$5,000 per calendar year (coinsurance only)
MAXIMUM PLAN COVERED EXPENSES	Unlimited; \$15,000 annual mental health; \$50,000 lifetime mental health; up to \$2,000 restoration feature each year, up to \$50,000 ⁴	\$1,000,000 lifetime; \$15,000 annual mental health; \$50,000 lifetime mental health; up to \$2,000 restoration feature each year, up to \$50,000 ⁴

¹Benefits, excluding hospital expenses, are based on the Horizon's PAC allowance or the "reasonable and customary" fee schedule at the 90% percentile.

³For more information about copayment amounts, see page 3 or refer to the *NJ PLUS Member Handbook* or applicable *Comparison Chart*.

⁴Biologically-based mental health conditions are treated like any other illness and not subject to annual or lifetime mental health dollar maximums or separate mental health visit limits.

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PRESCRIPTION DRUG COVERAGE AVAILABLE UNDER CHAPTER 172 (for plan year 2006)		
PRESCRIPTION DRUGS FOR EMPLOYEES (PROVIDED BY THE EMPLOYEE PRESCRIPTION DRUG PLAN)	For all non-aligned State employees; and State employees covered by a collective bargaining agreement that provides for higher copayment amounts (includes State Colleges and State Universities) Copayments: Pharmacy - Up to a 30 day supply Generic - \$3 Name brand - \$10 Mail Order - Up to a 90 day supply Generic - \$5 Name brand - \$15	For part-time faculty at County or community colleges, State employees <u>not</u> covered under the labor agreements listed at left, and <u>all retirees</u> Copayments: Pharmacy - Up to a 30 day supply Generic - \$1 Name brand - \$5 Mail Order - Up to a 90 day supply Generic - \$1 Name brand - \$5
PRESCRIPTION DRUGS⁶ FOR RETIREES (PROVIDED BY NJ PLUS)	Copayments: Pharmacy - Up to a 30 day supply Generic - \$8 Preferred brand - \$16 Other brands - \$33 Mail Order - Up to a 90 day supply Generic - \$8 Preferred brand - \$25 Other brands - \$41 Maximum copayments per member are \$1,000 per year.	

⁶Certain prescription drugs may require precertification prior to purchase. Please contact NJ PLUS at 1-800-414-SHBP for details.